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## APPLICANTS

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\*\* CONTINUING DATA \*\*\* *None*\*\* FOREIGN APPLICATIONS \*\*\* *None*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/25/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no				
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after				
Verified and Acknowledged	<i>None</i>				
Examiner's Signature	<i>None</i>	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 36	INDEPENDENT CLAIMS 5

## ADDRESS

022434

## TITLE

Touch pad for handheld device

FILING FEE RECEIVED 1230	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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